## **Example of Plan of Care for Case 3**

C-010-	PERSONAL CARE SERVICES (PCS) PHYSICIAN AUTHORIZATION AND PLAN OF CARE  93  93  93  92  93  10  11-1-03 REASSESSMENT  11-1-03 REASSESSMENT
	9 29 03 INITIAL ASSESSMENT (REFERRAL DATE 1728) C. T. C. REAGSESSMENT
	Best Care Inc Mayberry, NC YXX-XXX-XXXX PHONE
	PATIENT INFORMATION
1 1	NAME Frances Fetbetter 2. MEDICAID NO. XXX-Client specific
3 /	ADDRESS RESE COUNTRY Lane, Mayberry, NC
4 1	PHONE (XXX) XXX - XXXXY 5. SEX: MALE FEMALE 6. DOB \$ /200 /19
7 1	ADDRESS ALONE CWING LAND, MALE MALE FEMALE 6. DOB 20/19 PHONE (XXX) XXX XXXX 5. SEX: MALE FEMALE 6. DOB 20/19 LIVES: ALONE W/SPOUSE W/ADULT CHILD(REN) W/PARENT(S) W/OTHE
,	ADDRESS 26 26 CANTY Lane PHONE (H) XXX-XXXX (W) XXX-XXX ATTENDING PHYSICIAN: NAME ATTHU RITES, MD PHONE XX XXX XXXX
9. /	ATTENDING PHYSICIAN NAME TATTO RITES, IN PHONE AND
	ADDRESS 101. Main street, mayberry, NC
(	DATE OF MOST RECENT EXAMINATION 8/2b/03 REASON FOR REFERRAL Pain; immobility - needs help to bath.
10.	REASON FOR REFERRAL JAIN MINIMULTING - TRACES TO THE STATE OF STAT
11.	DIAGNOSIS (DATE OF ONSET) Arthritis ~ 20 years; HTN - 10 yrs; glaucoma - 8 yrs / Cataract [ lens implant 199
12.	CURRENT CARE TYPE AND SOURCE PCO - 30 ALS A. Weck
	PGS - 3-7/413 iL West
	EVALUATION
13.	MEDICATIONS - NAME/DOSE/FREQUENCY/ROUTE
	Celebrey 100 mg po in am and hs
	Darvocett 11 Tobing po q 44 prin severe pain
	Diropan and po OID
	Ditropan Smg po QID  NCTZ 25 mg po qam  Xylatan drops ii or @ hs.  Ambien 20 mg po @ hs
	Aylama Crops II Work
	Albert Cong Cong and Cong Cong Cong Cong Cong Cong Cong Cong
	Ativan Ima po in am - pm anxiety  SELF-ADMINISTERED? (7/N) Y IF "N", WHO ASSISTS (NAME / RELATIONSHIP)
	SELF-ADMINISTERED (Y/N) IF N, WHO ASSISTS (NAME / RELATIONSTITI)
	AMBULATORY W/ AID OR DEVICES NON-AMBULATORY W/ AID OR DEVICES NON-AMBULATORY
	DEVICES/ASSISTANCE NEEDED WAILER, AGET GUARA -NX OF TAILS
	DEVICES/ASSISTANCE NEEDED WAILER, AGIT GUARA -NX OT TAILS
15.	DEVICES/ASSISTANCE NEEDED WAILLE, GATE GVARA - NX OF TALLS  NUTRITION ORAL PARENTERAL TUBE (TYPE
15.	NUTRITION: V ORAL PARENTEHAL TUBE (TYPE
15.	DEVICES/ASSISTANCE NEEDED WAILER, GATE GVARA - NX OF TALLS  NUTRITION ORAL PARENTERAL TUBE (TYPE  DIETARY RESTRICTIONS: Low 5a1+  DESCRIPATION: V NORMAL TRACHFOSTOMY MECHANICAL OXYGEN DYSPN
15. 16. 17.	DEVICES/ASSISTANCE NEEDED WAIKER, GATE GVARA - NX OF TALIS  NUTRITION ORAL PARENTERAL TUBE (TYPE  DIETARY RESTRICTIONS: VORMAL TRACHEOSTOMY MECHANICAL OXYGEN DYSPN  SKIN: NORMAL PRESSURE AREAS DECUBITI OTHER  SKIN CARE NEEDS
15. 16. 17.	DEVICES/ASSISTANCE NEEDED WAIRE, GATE GVATA - NX 6+ TALIS  NUTRITION: ORAL PARENTERAL TUBE (TYPE
15. 16. 17.	DEVICES/ASSISTANCE NEEDED  WAITER, GATE GVATA - NX OF TAILS  NUTRITION: ORAL PARENTERAL TUBE (TYPE
15. 16. 17.	DEVICES/ASSISTANCE NEEDED  WATER GRATE GRATE - TABLE TOPE  NUTRITION: ORAL PARENTERAL TUBE (TYPE  DIETARY RESTRICTIONS: LOW 50.1+  RESPIRATION: NORMAL TRACHEOSTOMY MECHANICAL OXYGEN DYSPN  SKIN: NORMAL PRESSURE AREAS DECUBITI OTHER  SKIN CARE NEEDS  BOWEL: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY)  OSTOMY: TYPE SELF-CARE? (Y / N)  BLADDER: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY)  DAILY INCONTINENCE
15. 16. 17. 18.	DEVICES/ASSISTANCE NEEDED  WATER GRATE GRATE - NY OF TAILS  NUTRITION: ORAL PARENTERAL TUBE (TYPE  DIETARY RESTRICTIONS: LOW 50.1+  RESPIRATION: NORMAL TRACHEOSTOMY MECHANICAL OXYGEN DYSPN  SKIN: NORMAL PRESSURE AREAS DECUBITI OTHER  SKIN CARE NEEDS  BOWEL: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY)  OSTOMY: TYPE  BLADDER: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY)  DAILY INCONTINENCE  SELF-CARE? (Y / N)  CATHETER: TYPE  SELF-CARE (Y / N)
15. 16. 17. 18.	DEVICES/ASSISTANCE NEEDED  WAITER, GATE GVATA - NY OF TAILS  NUTRITION: ORAL PARENTERAL TUBE (TYPE
15. 16. 17. 18. 19. 20. 21.	DEVICES/ASSISTANCE NEEDED  WARREN, GATE GVATA - NY OF TAILS  NUTRITION: ORAL PARENTERAL TUBE (TYPE
15. 16. 17. 18. 19. 20. 21.	DEVICES/ASSISTANCE NEEDED  WAIKE, GATE GVATA - NY OF TAILS  NUTRITION: ORAL PARENTERAL TUBE (TYPE  DIETARY RESTRICTIONS: LOW 50.1+  RESPIRATION: NORMAL TRACHEOSTOMY MECHANICAL OXYGEN DYSPN  SKIN: NORMAL PRESSURE AREAS DECUBITI OTHER  SKIN CARE NEEDS  BOWEL: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY)  OSTOMY: TYPE SELF-CARE? (Y/N)  BLADDER: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY)  CATHETER: TYPE SELF-CARE (Y/N)  ALLERGIES: OCIOACTIONAL ORIENTATED SOMETIMES DISORIENTED  MEMORY: ADEQUIATE FORGETFUL-NEEDS REMINDERS SIGNIFICANT LOSS-MUST BE DIRECTE
15. 16. 17. 18. 19. 20. 21.	DEVICES/ASSISTANCE NEEDED  WAIKE, GATE GVATA - NY OF TAILS  NUTRITION: ORAL PARENTERAL TUBE (TYPE  DIETARY RESTRICTIONS: LOW 5Q1+  RESPIRATION: NORMAL TRACHEOSTOMY MECHANICAL OXYGEN DYSPN  SKIN: NORMAL PRESSURE AREAS DECUBITI OTHER  SKIN CARE NEEDS  BOWEL: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY)  OSTOMY: TYPE SELF-CARE? (Y/N)  CATHETER: TYPE SELF-CARE (Y/N)  ALLERGIES: ORIENTATED SOMETIMES DISORIENTED  MEMORY: ADEQUATE FORGETFUL-NEEDS REMINDERS SIGNIFICANT LOSS-MUST BE DIRECTE  MEMORY: COOPERATIVE PASSIVE PHYSICALLY ABUSIVE VERBALLY AB
15. 16. 17. 18. 19. 20. 21.	DEVICES/ASSISTANCE NEEDED  WAIKE, GATE GVATA - NY OF TAILS  NUTRITION: ORAL PARENTERAL TUBE (TYPE  DIETARY RESTRICTIONS: LOW 5Q1+  RESPIRATION: NORMAL TRACHEOSTOMY MECHANICAL OXYGEN DYSPN  SKIN: NORMAL PRESSURE AREAS DECUBITI OTHER  SKIN CARE NEEDS  BOWEL: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY)  OSTOMY: TYPE SELF-CARE? (Y/N)  CATHETER: TYPE SELF-CARE (Y/N)  ALLERGIES: ORIENTATED SOMETIMES DISORIENTED  MEMORY: ADEQUATE FORGETFUL-NEEDS REMINDERS SIGNIFICANT LOSS-MUST BE DIRECTE  MEMORY: COOPERATIVE PASSIVE PHYSICALLY ABUSIVE VERBALLY AB
15. 16. 17. 18. 19. 20. 21. 22. 23.	DEVICES/ASSISTANCE NEEDED  NUTRITION:  ORAL  PARENTERAL  TUBE (TYPE  DIETARY RESTRICTIONS:  LOW 50.1+  RESPIRATION:  NORMAL  PRESSURE AREAS  DECUBITI  OTHER  SKIN CARE NEEDS  BOWEL:  NORMAL  OCCASIONAL INCONTINENCE (LESS THAN DAILY)  DAILY INCONTINENCE  SELF-CARE? (Y/N)  CATHETER:  TYPE  ALLERGIES:  ORIENTATION:  ORIENTATION:  ORIENTATED  SOMETIMES DISORIENTED  MECHANICAL  OXYGEN  DYSPN  DYSPN  DAILY INCONTINENCE  SELF-CARE? (Y/N)  DAILY INCONTINENCE  SELF-CARE? (Y/N)  ALLERGIES:  OONC  ORIENTATION:  ORIENTATED  SOMETIMES DISORIENTED  MEMORY:  ADEQUATE  FORGETFUL-NEEDS REMINDERS  SIGNIFICANT LOSS-MUST BE DIRECTE  WANDERS  INJURES SELF/OTHERS / PROPERTY  NON-RESPONSIVE  OTHER ON ICPL  FRAFFUL HEALS
15. 16. 17. 18. 19. 20. 21. 22. 23.	DEVICES/ASSISTANCE NEEDED  NUTRITION:  ORAL  PARENTERAL  TUBE (TYPE  DIETARY RESTRICTIONS:  NORMAL  PRESSURE AREAS  DECUBITI  SKIN CARE NEEDS  BOWEL:  NORMAL  OCCASIONAL INCONTINENCE (LESS THAN DAILY)  DAILY INCONTINENCE  SELF-CARE? (Y/N)  ALLERGIES:  OONC  ORIENTATION:  ORIENTATED  SOMETIMES DISORIENTED  MEMORY:  ADEQUATE  PASSIVE  PHYSICALLY ABUSIVE  WANDERS  INJURES SELF/OTHERS / PROPERTY  NON-RESPONSIVE  OTHER ANYCH FAILS  VERY LIMITED (BE
15. 16. 17. 18. 19. 20. 21. 22. 23.	DEVICES/ASSISTANCE NEEDED  NUTRITION:  ORAL  PARENTERAL  TUBE (TYPE  DIETARY RESTRICTIONS:  LOW 50.1+  RESPIRATION:  NORMAL  PRESSURE AREAS  DECUBITI  OTHER  SKIN CARE NEEDS  BOWEL:  NORMAL  OCCASIONAL INCONTINENCE (LESS THAN DAILY)  DAILY INCONTINENCE  SELF-CARE? (Y/N)  CATHETER:  TYPE  ALLERGIES:  ORIENTATION:  ORIENTATED  MECHANICAL  OXYGEN  DYSPN  DYSPN  DAILY INCONTINENCE  SELF-CARE? (Y/N)  DAILY INCONTINENCE  SELF-CARE? (Y/N)  SELF-CARE (Y/N)  ALLERGIES:  ORIENTATION:  ORIENTATED  SOMETIMES DISORIENTED  MEMORY:  ADEQUATE  PASSIVE  PHYSICALLY ABUSIVE  WANDERS  OTHER WINTED SELF/OTHERS/PROPERTY  NON-RESPONSIVE  OTHER WINTED (BL  VISION:  V ADEQUATE FOR DAILY ACTIVITIES  LIMITED (SEE LARGE OBJECTS)  VERY LIMITED (BL  VE
15. 16. 17. 18. 19. 20. 21. 22. 23.	DEVICES/ASSISTANCE NEEDED  NUTRITION:  ORAL  PARENTERAL  TUBE (TYPE  DIETARY RESTRICTIONS  NORMAL  RESPIRATION:  NORMAL  PRESSURE AREAS  DECUBITI  OTHER  SKIN CARE NEEDS  BOWEL:  NORMAL  OCCASIONAL INCONTINENCE (LESS THAN DAILY)  DAILY INCONTINENCE  SELF-CARE? (Y / N)  CATHETER:  TYPE  SELF-CARE? (Y / N)  ADEQUATE FOR GETFUL-NEEDS REMINDERS  VISION:  VANDERS  VISION:  VADEQUATE FOR DAILY ACTIVITIES  LIMITED (SEE LARGE OBJECTS)  VERY LIMITED (DEFINITED (DEFINITED)  VERY LIMITED (DEFINITED)
15. 16. 17. 18. 19. 20. 21. 22. 23.	DEVICES/ASSISTANCE NEEDED WAILLE, GAT GUARA -NX OF TALIS  NUTRITION ORAL PARENTERAL TUBE (TYPE  DIETARY RESTRICTIONS: LOW SQL+  RESPIRATION: NORMAL TRACHEOSTOMY MECHANICAL OXYGEN DYSPN  SKIN: NORMAL PRESSURE AREAS DECUBITI OTHER  SKIN CARE NEEDS  BOWEL: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY) DAILY INCONTINENCE  OSTOMY: TYPE SELF-CARE? (Y/N)  BLADDER: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY) DAILY INCONTINENCE  CATHETER: TYPE SELF-CARE (Y/N)  ALLERGIES: OUNC  ORIENTATION: ORIENTATED SOMETIMES DISORIENTED ALWAYS DISORIENTED  MEMORY: ADEQUATE FORGETFUL-NEEDS REMINDERS SIGNIFICANT LOSS-MUST BE DIRECTE  BEHAVIOR: COOPERATIVE PASSIVE PHYSICALLY ABUSIVE VERBALLY ABUSIVE  WANDERS INJURES SELF/OTHERS / PROPERTY NON-RESPONSIVE  VISION: ADEQUATE FOR DAILY ACTIVITIES LIMITED (SEE LARGE OBJECTS) VERY LIMITED (BUSES: GLASSES CONTACT LENS  HEARING: ADEQUATE FOR DAILY ACTIVITIES HEAR LOUD SOUNDS / VOICES VERY LIMITED (DECTED OF TABLE)  VISES HEARING AID
15. 16. 17. 18. 19. 20. 21. 22. 23.	DEVICES/ASSISTANCE NEEDED WAILLE, GATE GUARA - NY OF TALIS  NUTRITION ORAL PARENTERAL TUBE (TYPE
15. 16. 17. 18. 19. 20. 21. 22. 23. 24.	DEVICES/ASSISTANCE NEEDED  NUTRITION ORAL PARENTERAL TUBE (TYPE  DIETARY RESTRICTIONS LOW GOLF  RESPIRATION: NORMAL PRESSURE AREAS DECUBITI OTHER  SKIN CARE NEEDS  BOWEL: NORMAL PRESSURE AREAS DECUBITI OTHER  SKIN CARE NEEDS  BOWEL: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY) DAILY INCONTINENCE  OSTOMY: TYPE SELF-CARE? (Y/N)  BLADDER: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY) DAILY INCONTINENCE  CATHETER: TYPE SELF-CARE (Y/N)  ALLERGIES: NONC  ORIENTATION: ORIENTATED SOMETIMES DISORIENTED ALWAYS DISORIENTED  MEMORY: ADEQUATE FORGETFUL-NEEDS REMINDERS SIGNIFICANT LOSS-MUST BE DIRECTE  BEHAVIOR: COOPERATIVE PASSIVE PHYSICALLY ABUSIVE VERBALLY ABUSIVE  WANDERS INJURES SELF-/OTHERS / PROPERTY NON-RESPONSIVE  OTHER ANALYS CONTACT LENS  VISION: ADEQUATE FOR DAILY ACTIVITIES LIMITED (SEE LARGE OBJECTS) VERY LIMITED (BE  USES: GLASSES CONTACT LENS  HEARING: ADEQUATE FOR DAILY ACTIVITIES HEAR LOUD SOUNDS / VOICES VERY LIMITED (DE  SPEECH: NORMAL SURRED WEAK OTHER IMPEDIMENT NONE
15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25.	DEVICES/ASSISTANCE NEEDED  WATER JACK GUARA - NY 8-TALIS  NUTRITION ORAL PARENTERAL TUBE (TYPE
15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27.	DEVICES/ASSISTANCE NEEDED  NUTRITION ORAL PARENTERAL TUBE (TYPE  DIETARY RESTRICTIONS: LOW SQ1+  RESPIRATION: NORMAL TRACHEOSTOMY MECHANICAL OXYGEN DYSPN  SKIN: NORMAL PRESSURE AREAS DECUBITI OTHER  SKIN CARE NEEDS  BOWEL: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY) DAILY INCONTINENCE  SELF-CARE? (Y / N)  SELF-CARE? (Y / N)  BLADDER: NORMAL OCCASIONAL INCONTINENCE (LESS THAN DAILY)  ALLERGIES  ORICA  CATHETER: TYPE SELF-CARE (Y / N)  ALLERGIES  ORICA  ORIENTATION: ORIENTATED SOMETIMES DISORIENTED ALWAYS DISORIENTED  MEMORY: ADEQUATE FOR DESTRUCTUREDS REMINDERS SIGNIFICANT LOSS-MUST BE DIRECTE  BEHAVIOR: VERDEATIVE PASSIVE PHYSICALLY ABUSIVE VERBALLY ABUSIVE  WANDERS INJURES SELF / OTHERS / PROPERTY NON-RESPONSIVE  OTHER ANY COMPANIENT CONTINENCE  OTHER ANY CONTINENCE  USES CANASSES CONTACT LENS  HEARING: ADEQUATE FOR DAILY ACTIVITIES HEAR LOUD SOUNDS / VOICES VERY LIMITED (DECEMBER)  SPEECH: NORMAL SLURRED WEAK OTHER IMPEDIMENT  ASSISTIVE DEVICE (TYPE  ADEQUATE FOR DAILY ASSISTIVE DEVICE (TYPE  ADEQUATE TO THE CHARLES (TYPE  ASSISTIVE DEVICE
15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27.	DEVICES/ASSISTANCE NEEDED  WATER JACK GUARA - NY 8-TALIS  NUTRITION ORAL PARENTERAL TUBE (TYPE

PERSONAL CARE  PATING PICACH SCINE. JOHN  GROOMING PAIR  DRESSING AGGIST  DATA THANK TO THE TRANSFER TO SHOWER CHOILY DAILY  USE OF TOILE TRANSFER TASSIST THAN 1) USES WAKE  MANULATION WAILER TO STANKS GAT DAILY  MEDICATION HATKE PAIR THEAD PROGRAMS, & AGENCIES) TO MEET ABOVE NEEDS (Y/N)  MEDICATION HATKE PAIR THANKS AGENCIES) TO MEET ABOVE NEEDS (Y/N)  IF "MIDENITY SOURCES AND WHICH NEEDS CAN BE MET THOSE AND DESCRIPTION OF THE PAIR TO PROVIDING CARE. UST THE DAY(S) SERVICES ARE NEEDED. THE TASKS TO BE PERFORMED ON THOSE DAYS; AND TOTAL TIME NEEDED FACH DAY.  DAY OF WEEK  TASKS TO BE ACCOMPUSHED  TO DAY OF WEEK  T		·	25
DAY OF WEEK  TASKS TO BE ACCOMPLISHED  DAY IN SHOWLY CHAIR, WASH HAIR, WASH HAIR, WASH TO BATH IN SHOWLY CHAIR, WASH TO BATH IN SHOWLY CHAIR, WASH TO BATH IN SHOWLY CHAIR, WASH TO BATH IN SHOWLY CHAIR WASH ASSIST TO BATH IN SHOWLY CHAIR WASH TO BATH TO BA	PERSONALO	TYPE HELP NEEDED / HOW OFTEN	
GROCHMIS TRUE TO ALL DEATH OF CARE  DESISTED AGENCY  USE OF TOTAL TOTAL SECRET ASSIST AGENCY CHAIN  USE OF TOTAL TOTAL SECRET ASSIST AGENCY CHAIN  WEAL PEPPARATION SECRET. ASSIST AGENCY CHAIN  MADULATION WAILLY IN OF TALKS GRAT OVARY  MEDICATION INTAKE MANULY FRIENDS. PROGRAMS, & AGENCIES) TO MEET ABOVE NEEDS? (Y/N)  INCIDENTAL HOME MANAGEMENT  CLEANING  LAUNDERING  LAUNDERING  JESSENTIAL SHOPPING  MAKE BED  31. ARE THERE SOURCES (FAMILY, FRIENDS. PROGRAMS, & AGENCIES) TO MEET ABOVE NEEDS? (Y/N)  IF "Y' IDENTIFY SOURCES AND WHICH NEEDS CAN BE MET  TUSDAND GLES CHAPPING, CHILDREN TO MEET ABOVE NEEDS? (Y/N)  IF "Y' IDENTIFY SOURCES AND WHICH NEEDS CAN BE MET  PLAN FOR PROVIDING CARE. LIST THE DAY(S) SERVICES ARE NEEDED. THE TASKS TO BE PERFORMED ON THOSE DAYS, AND  TOTAL TIME NEEDED EACH DAY.  TOTAL TIME NEEDED EACH DAY.  DAY OF WEEK  TASKS TO BE ACCOMPLISHED  IN  DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, MEAL  WO DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, MEAL  WO DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, MEAL  WO DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, MEAL  WO DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, MEAL  WO DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, MEAL  WO DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, MEAL  WO DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, MEAL  WO DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, MEAL  WO DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, MEAL  WO DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, MEAL  WO DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, MEAL  WO DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, MEAL  WO DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, MEAL  WO DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, MEAL  WO DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, MEAL  WO DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, MEAL  WO DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, MEAL  WO DAY IN SHAWLY CHAIN, WIRSS, ASSIST & TOLKE, TYANSEY, ME	EATI	ng pre-put /serve. daiN	
BATHING that bath I transfer to hower that willy Use of toller transfer I assist V TRANSFER BESIST (MAN) Uses Walker dainy MEAL PREPARATION BOILDEY, N. of Talls-gait grand dainy MEDICATION TRAKE BOILDEY, N. of Talls-gait grand dainy MEDICATION TRAKE BOILDEY IN OFTELLS-GAIT GAINY MEDICATION TRAKE BOILDEY IN OFTELLS-GAIT GAINY MEDICATION TRAKE BOILDEY IN OFTELLS-GAILDEY GAINY MEDICATION TRAKE BOILDES AND WHICH NEEDS CAN BE MET V. CLEANING LAUNDERING LESSENTIAL SHOPPING MAKE BED  31. ARE THERE SOURCES (FAMILY, FRIENDS, PROGRAMS, & AGENCIES) TO MEET ABOVE NEEDS? (Y/N) IF YY: IDENTIFY SOURCES AND WHICH NEEDS CAN BE MET THUS CAN DOUBLES AND WHICH NEEDS CAN BE MET PLAN FOR PROVIDING CARE LIST THE DAY(S) SERVICES ARE NEEDED. THE TASKS TO BE PERFORMED ON THOSE DAYS, AND TOTAL TIME NEEDED EACH DAY  DAY OF WEEK  TASKS TO BE ACCOMPLISHED  TIM  DATH IN SHAWLY CHAIR, WASH HAIR, diress, assist to talk than sfr, meal  A. O  DAY OF WEEK  TASKS TO BE ACCOMPLISHED  TIM  DATH IN SHAWLY CHAIR, JAUNDRY, diress, assist to talk than sfr, meal  W DATH IN SHAWLY CHAIR, JAUNDRY, diress, assist to talk than sfr, meal  W DATH IN SHAWLY CHAIR, JAUNDRY, diress, assist to talk than sfr, meal  W DATH IN SHAWLY CHAIR, JAUNDRY, diress, assist to talk than sfr, meal  W DATH IN SHAWLY CHAIR, JAUNDRY, diress, assist to talk than sfr, meal  W DATH IN SHAWLY CHAIR, JAUNDRY, diress, assist to talk than sfr, meal  W DATH IN SHAWLY CHAIR, DATH JUNGS ASSIST TO LIKE, transfer, meal  W DATH IN SHAWLY CHAIR, DATH JUNGS ASSIST TO LIKE, transfer, meal  W DATH IN SHAWLY CHAIR, DATH JUNGS ASSIST TO LIKE, transfer, meal  The bath in Shawler Chair, Dransfer, prepar meal, assist to chass  3. GOALS: NEED FOR PCS IS EXPECTED TO CHANGE (END (GIRCLE ONE) ON  STATE WHY: Chrimc DAIN TIME SPERSONAL CARE SERVICES  HE PATIENT TO DOES NOT MEET THE CRITERIA FOR PERSONAL CARE SERVICES.  HE PATIENT TO DOES NOT MEET THE CRITERIA FOR PERSONAL CARE SERVICES.  HE PATIENT TO DOES NOT MEET THE CRITERIA FOR PERSONAL CARE SERVICES.  WE WASHINGTON TO THE PATIENT OF THE PATIENT OF THE P	GRC	DOMING hair / daily	
USE OF TOLET PRAISER (1885) USES, WAIKE CAIN  TRANSPER BESTS (1886) USES, WAIKE CAIN  AMBULATION WAILEY, N. OT TALLS— GATH QUARD  MEAL PREPARATION DELIVE, L.W. SAIT  MEDICATION INTAKE  MEDICATION INTAKE  MEDICATION INTAKE  MEDICATION INTAKE  MAKE BED  31. ARE THERE SOURCES (FAMILY, FRIENDS, PROGRAMS, & AGENCIES) TO MEET ABOVE NEEDS? (Y/N)  IF YY, IDENTIFY SOURCES AND WHICH NEEDS CAN BE MET  HUSBOARD CORRESED OF THE PATIENT HAS MEDICALLY-RELATED PERSONAL CARE NEEDS REQUIRING PCS, SHOW THE  PLAN FOR PROVIDING CARE LIST THE DAY(S) SERVICES ARE NEEDED. THE TASKS TO BE PERFORMED ON THOSE DAYS, AND  TOTAL TIME NEEDED EACH DAY.  DAY OF WEEK  TASKS TO BE ACCOMPUSHED  TIM  DAY IN SHAWLY CHAIR, WASH HAIR, CHESS, ASSIST & TO ILLE, TRANSFY, MEAL  A. OF  WASH IN SHAWLY CHAIR, WASH HAIR, CHESS, ASSIST & TO ILLE, TRANSFY, MEAL  WASH IN SHAWLY CHAIR, AURSH, AURSH, PREPAR MEAL  TO BATH IN SHAWLY CHAIR, AURSH, AURSH, PREPAR MEAL  TO BATH IN SHAWLY CHAIR, AURSH, PREPAR MEAL  THE PLAN OF CARE TO MEET THOSE WEEDS.  HEAL DAY OF CARE TO MEET THOSE WEEDS.  HEAL OF CARE TO MEAT AURSH AURSH AURST AND HAS ABOURD AURSH ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY		ssing against a ally	
TRANSFER ABSIST (MAK): U.S. WAILLY  AMBULATION WAILLY: N. OTTALLS- GAH OVAIL  MEDICATION NTAKE MINIMAL PRATICUL - PIUSDAND GAIN  MAKE BED  31. ARE THERE SOURCES (FAMILY, FRIENDS, PROGRAMS, & AGENCIES) TO MEET ABOVE NEEDS? (Y/N)  IF "Y", IOENTIEY SOURCES AND WHICH NEEDS CAN BE MET HUSDAND GAUS SHOPPING  MAKE BED  32. IF THE EVALUATION INDICATES THE PATIENT HAS MEDICALLY-RELATED PERSONAL CARE NEEDS REQUIRING PCS, SHOW THE PLAN FOR PROVIDING CARE. LIST THE DAY(S) SERVICES ARE NEEDED: THE TASKS TO BE PERFORMED ON THOSE DAYS, AND TOTAL TIME NEEDED EACH DAY.  DAY OF WEEK TASKS TO BE ACCOMPLISHED TIME  M. DATH IN SHAWLY CHAIR, WASH HAIR, dress, assist to talk transfer, meal. 4. C.  W. DATH IN SHAWLY CHAIR, JUNGTY, dress, assist to talk transfer, meal. 4. C.  W. DATH IN SHAWLY CHAIR, JUNGTY, dress, assist to talk transfer, meal. 4. C.  W. DATH IN SHAWLY CHAIR, JUNGTY, dress, assist to talk transfer, meal. 4. C.  The bath in shawly chair, dress, assist to talk transfer, meal. 4. C.  W. DATH IN SHAWLY CHAIR, dress, assist to talk transfer, meal. 4. C.  W. DATH IN SHAWLY CHAIR, dress, assist to talk transfer, meal. 4. C.  W. DATH IN SHAWLY CHAIR, dress, assist to talk transfer, meal. Gean lutter 9. C.  The bath in shawly chair, dress, assist to talk transfer, meal. Gean lutter 9. C.  BATH WHY CAPTURE PATIENT NEEDS PERSONAL CARE SERVICES DUE TO THE PATIENT'S MEDICAL CONDITION. I HAVE DEVELOR THE PLAN OF CARE TO MEET THOSE NEEDS.  IF HOUND THE PATIENT DOES NOT MEET THE GRITCHED FOR PERSONAL CARE SERVICES.  W. DATH MAKE MINIMAL MAN CAPE AND HAS A MEDICAL DISCONSIS WITH ASSOCIATED PHYSICAL / MENTAL LUMITA LORDITOR IN CAPE THE PATIENT'S MEDICAL CONDITION. I HAVE DEVELOR THE PATIENT IS UNDER MY CAPE AND HAS A MEDICAL DISCONSIS WITH ASSOCIATED PHYSICAL / MENTAL LUMITA LORDITOR.	BATI	HING total bath / transfer to shower chair aprily	
MEAL PREPARATION CETTLE, TWO SAIT  MEAL PREPARATION OF CATUR. LW SAIT  MEAL PREPARATION OF CATUR. LW SAIT  MEAL PREPARATION OF CATUR. LW SAIT  MEAL PREPARATION OF CATUR.  MEAL PREPARATION OF CATUR.  LAUNDERING  LAUNDERING  LAUNDERING  LAUNDERING  LAUNDERING  MAKE BED  31. ARE THERE SOURCES (FAMILY, FRIENDS, PROGRAMS, & AGENCIES) TO MEET ABOVE NEEDS? (Y/N)  IF YY: IDENTIFY SOURCES AND WHICH NEEDS CAN BE MET husband dous Shapping, children vish husband care needs reculring PCS, show the plann for PROVIDING CARE. LIST THE DAY(S) SERVICES ARE NEEDED, THE TASKS TO BE PERFORMED ON THOSE DAYS, AND TOTAL TIME NEEDED EACH DAY.  DAY OF WEEK  TASKS TO BE ACCOMPLISHED  TIME  DAY OF WEEK  TO BATH IN SHAWLY CHAIR, WASH HAIR, diress, assist to talket, transfer, meal  To bath in shawly chair, laundry, diress, assist to talket, transfer, meal  Whosh in shawly chair, laundry, diress, assist to talket, transfer, meal  The bath in shawly chair, diress, assist to talket, transfer, meal  The bath in shawly chair, diress, assist to talket, transfer, meal  The bath in shawly chair, diress, assist to talket, transfer, meal  The bath in shawly chair, diress, assist to talket, transfer, meal  The bath in shawly chair, diress, assist to talket, transfer, meal  The bath in shawly chair, diress, assist to talket, transfer, meal  The bath in shawly chair, diress, assist to talket, transfer, meal  The bath in shawly chair, diress, assist to talket, transfer, meal  The bath in shawly chair, diress, assist to talket, transfer, meal  The bath in shawly chair, diress, assist to talket, transfer, meal  The bath in shawly chair laundry, diress, assist to talket, transfer, meal  The bath in shawly chair laundry, diress, assist to talket, transfer, meal  The bath in shawly chair laundry, diress, assist to talket, transfer, meal  The bath in shawly chair laundry, diress, assist to talket, transfer, meal  T	USE	OF TOILET CLANSTEY TASSISE CAIM US I	
MEDICATION INTAKE HAND I PETREVE — NUSBAND DAILY  MEDICATION INTAKE HAND I PETREVE — NUSBAND DAILY  MEDICATION INTAKE HAND I PETREVE — NUSBAND DAILY  CLEANING  LAUNDERING  LESSENTIAL SHOPPING  MAKE BED  31. ARE THERE SOURCES (FAMILY, FRIENDS, PROGRAMS, & AGENCIES) TO MEET ABOVE NEEDS? (Y/N)  IF "Y', IDENTIFY SOURCES AND WHICH NEEDS CAN BE MET PURSBAND DURGES AND WHICH NEEDS CAN BE MET PURSBAND ON THOSE DAYS, AND THE PLAN FOR PROVIDING CARE LIST THE DAYIS, SERVICES ARE NEEDED, THE TASKS TO BE PERFORMED ON THOSE DAYS, AND TOTAL TIME NEEDED EACH DAY.  THE EVALUATION INDICATES THE PATIENT HAS MEDICALLY ARELATED PERSONAL CARE NEEDS REQUIRING PCS, SHOW THE PLAN FOR PROVIDING CARE LIST THE DAYIS, SERVICES ARE NEEDED, THE TASKS TO BE PERFORMED ON THOSE DAYS, AND TOTAL TIME NEEDED EACH DAY.  TASKS TO BE ACCOMPLISHED  TIME  DAY OF WEEK  TASKS TO BE ACCOMPLISHED  TIME  A SAY OF WEEK  TASKS TO BE ACCOMPLISHED  TIME  A SAY OF WEEK  TASKS TO BE ACCOMPLISHED  TIME  A SAY OF WEEK  TASKS TO BE ACCOMPLISHED  TIME  A SAY OF WEEK  TASKS TO BE ACCOMPLISHED  THE DAY IN SAY OF MEAN AND THE DAY OF THE PATIENT OF THE ALL OF CARE OF THE DAY OF THE PATIENT OF THE PATIENT OF CARE OF THE PATIENT OF CONDITION. I HAVE DEVELOP THE PATIENT OF CARE TO MEET THOSE NEEDS.  TOUND THE PATIENT THEOS PREPONAL CARE SERVICES DUE TO THE PATIENT'S MEDICAL CONDITION. I HAVE DEVELOP THE PATIENT OF CARE TO MEET THOSE NEEDS.  TOUND THE PATIENT THEOSO PERSONAL CARE SERVICES DUE TO THE PATIENT'S MEDICAL CONDITION. I HAVE DEVELOP THE PATIENT OF CARE TO MEET THOSE NEEDS.  TOUND THE PATIENT THEOSO PERSONAL CARE SERVICES DUE TO THE PATIENT'S MEDICAL CONDITION. I HAVE DEVELOP THE PATIENT OF CARE TO MEET THE CRITEGIA FOR PERSONAL CARE SERVICES.  THE PLAN OF CARE TO MEET THOSE NEEDS.  TOUND THE PATIENT THEOSO PERSONAL CARE SERVICES DUE TO THE PATIENT'S MEDICAL CONDITION. I HAVE DEVELOP THE PATIENT OF CARE TO MEAN THE PATIENT OF CARE TO MEAN	IHAI	WATION WAIVER, N AT TALLS- AUT AVARD DAIN	
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CLEANING  LAUNDERING  LAUNDERING  MAKE BED  31. ARE THERE SOURCES (FAMILY, FRIENDS, PROGRAMS, & AGENCIES) TO MEET ABOVE NEEDS? (Y/N)  IF YY, IDENTIFY SOURCES AND WHICH NEEDS CAN BE MET  THE EVALUATION INDICATES THE PATIENT HAS MEDICALLY-RELATED PERSONAL CARE NEEDS REQUIRING PCS, SHOW THE PLAN FOR PROVIDING CARE. LIST THE DAY(S) SERVICES ARE NEEDED, THE TASKS TO BE PERFORMED ON THOSE DAYS, AND TOTAL TIME NEEDED EACH DAY.  DAY OF WEEK  TASKS TO BE ACCOMPLISHED  TIME  M. DAY IN SHAWLY CHAIR, WASH HAIR, diress, ASSIST & TOLKE, TRANSFY, MEAL  A. C.  W. DAY IN SHAWLY CHAIR, LIRESS, ASSIST & TOLKE, TRANSFY, MEAL  W. DAY IN SHAWLY CHAIR, LIRESS, ASSIST & TOLKE, TRANSFY, MEAL  A. C.  Th. DEATH IN SHAWLY CHAIR, LIRESS, ASSIST & TOLKE, TRANSFY, MEAL  A. C.  TO BEACH, COMB HAIR, DAYS, ASSIST & TOLKE, TRANSFY, MEAL  A. C.  TO BEACH, COMB HAIR, DYNGS, ASSIST & TOLKE, TRANSFY, MEAL  A. C.  TO BEACH DAY IN THE MODILITY OF ARTHOR OF THE PATIENT'S CONDITION.  IF NO CHANGE EXPECT  STATE WHY: OF THAT I HAVE COMPLETED THE ABOVE EVALUATION OF THE PATIENT'S CONDITION.  IF OUND THE PATIENT NEEDS PERSONAL CARE SERVICES DUE TO THE PATIENT'S MEDICAL CONDITION. I HAVE DEVELOR  THE PLAN OF CARE TO MEET THOSE NEEDS.  IF OUND THE PATIENT NEEDS PERSONAL CARE SERVICES DUE TO THE PATIENT'S MEDICAL CONDITION. I HAVE DEVELOR  THE PLAN OF CARE TO MEET THOSE NEEDS.  IF OUND THE PATIENT DOES NOT MEET THE CRITERIAN FOR PERSONAL CARE SERVICES.  PLAN LANGE  PHYSICIAN CERTIFICATION  ICERTIFY THAT I HAVE COMPLETED THE ABOVE EVALUATION OF THE PATIENT'S MEDICAL CONDITION. I HAVE DEVELOR  THE PLAN OF CARE TO MEET THOSE NEEDS.  IF OUND THE PATIENT DOES NOT MEET THE CRITERIAN CERTIFICATION  ICERTIFY THAT THE PATIENT IS UNDER MY CARE AND HAS A MEDICAL DIAGNOSIS WITH ASSOCIATED PHYSICAL / MENTAL LIMITA  ICERTIFY THAT THE PATIENT IS UNDER MY CARE AND HAS A MEDICAL DIAGNOSIS WITH ASSOCIATED PHYSICAL / MENTAL LIMITA			
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IF Y. IDENTIFY SOURCES AND WHICH NEEDS CAN BE MET husband does shapping, children visit chalp on sa. 160  PLAN FOR PAOVIDING CARE. LIST THE DAY(S) SERVICES ARE NEEDED: THE TASKS TO BE PERFORMED ON THOSE DAYS: AND TOTAL TIME NEEDED EACH DAY.  DAY OF WEEK  TASKS TO BE ACCOMPLISHED  TIM  DATH IN SHAWLY CHAIR, WASH HAIR, dress, assist to talk, transfer, meal  A. C.  Whath in shawly chair launding, dress, assist to like, transfer, meal  A. C.  Whath in shawly chair launding, dress, assist to like, transfer, meal  A. C.  The bath in shawly chair, dress, assist to like, transfer, meal  A. C.  The bath in shawly chair, dress, assist to like, transfer, meal  A. C.  The bath in shawly chair, dress, assist to like, transfer, meal  B. C.  The bath in shawly chair, dress, assist to like, transfer, meal, clean lithten 4. C.  The bath comb hair. transfer, prepar meal, assist to class  A. C.  A. C.  B. C.  B			
PLAN OF CARE  PLAN OF CARE  32 IF THE EVALUATION INDICATES THE PATIENT HAS MEDICALLY PRELATED PERSONAL CARE NEEDS REQUIRING PCS, SHOW THE PAIN FOR PROVIDING CARE. LIST THE DAY(S) SERVICES ARE NEEDED, THE TASKS TO BE PERFORMED ON THOSE DAYS, AND TOTAL TIME NEEDED EACH DAY.  DAY OF WEEK  TASKS TO BE ACCOMPLISHED  TIM  M DATH IN SHAWLY CHAIR, WASH HAIR, dress, assist to talk, transfer, meal  A. C.  W DATH IN SHAWLY CHAIR, landing, dress, assist to like, transfer, meal  A. C.  W DATH IN SHAWLY CHAIR, landing, dress, assist to like, transfer, meal  A. C.  The bath in shawly chair, landing, dress, assist to like, transfer, meal  A. C.  The bath in shawly chair, dress, assist to like, transfer, meal, clan luthan 4. C.  The bath in shawly chair, dress, assist to like, transfer, meal, clan luthan 4. C.  The bath in shawly chair, dress, assist to like, transfer, meal, clan luthan 4. C.  The bath in shawly chair, dress, assist to like, transfer, meal, clan luthan 4. C.  The bath in shawly chair, dress, assist to like, transfer, meal, clan luthan 4. C.  The bath in shawly chair, dress, assist to to like, transfer, meal, clan luthan 4. C.  The bath in shawly chair, dress, assist to to like, transfer, meal, clan luthan 4. C.  The bath in shawly chair, dress, assist to to like, transfer, meal, clan luthan 4. C.  The bath in shawly chair, dress, assist to to like, transfer, meal, clan luthan 4. C.  The bath in shawly chair luthan bath as a medical condition. I have develor the plan of case to meet the criteble for personal care services.  The bath in shawly chair luthan and bath as a medical clandnosis with associated physical mental limital limital certifier that the patient is under my case and has a medical clondosis with associated physical mental limital limital certifier.	31. ARE THE	RE SOURCES (FAMILY, FRIENDS, PROGRAMS, & AGENCIES) TO MEET ABOVE NEEDS? (Y / N)	
PLAN OF CARE  PLAN OF CARE  PLAN FOR PROVIDING CARE. LIST THE DAY(S) SERVICES ARE NEEDED; THE TASKS TO BE PERFORMED ON THOSE DAYS; AND TOTAL TIME NEEDED EACH DAY.  DAY OF WEEK  TASKS TO BE ACCOMPLISHED  TIME  DAY OF WEEK  TASKS TO BE ACCOMPLISHED  TIME  TOTAL TIME NEEDED EACH DAY.  TASKS TO BE ACCOMPLISHED  TIME  TO BATH IN SHAWLY CHAIR, WASH HAIR, diress, assist to talk, transfer, meal  A. C.  Whath In Shawly Chair, laundry, dress, assist to talk, transfer, meal  A. C.  The bath in shawly chair, laundry, dress, assist to talk, transfer, meal, clean lutter A. C.  The bath in shawly chair, dress, assist to talk, transfer, meal, clean lutter A. C.  The bath in shawly chair, dress, assist to talk, transfer, meal, clean lutter A. C.  The bath in shawly chair, dress, assist to talk, transfer, meal, clean lutter A. C.  The bath comb hair, transfer, prepar meal, assist to cless  33. Goals: NEED FOR PCS IS EXPECTED TO CHANGE (END (CIRCLE ONE) ON STATE WHY: Chrimc pain Timmol) (117) athing  NURSE ASSESSOR CERTIFICATION  I FOUND THE PATIENT NEEDS PERSONAL CARE SERVICES DUE TO THE PATIENT'S MEDICAL CONDITION. I HAVE DEVELOR  THE PLAN OF CARE TO MEET THOSE NEEDS.  I FOUND THE PATIENT DOES NOT MEET THE CRITEBIA FOR PERSONAL CARE SERVICES.  THE LEAL NUYS.  SIGNATURE  SIGNATURE  DATE  PHYSICIAN CERTIFICATION  I CERTIFY THAT THE PATIENT IS UNDER MY CARE AND HAS A MEDICAL DIAGNOSIS WITH ASSOCIATED PHYSICAL / MENTAL LIMITAL LIMITAL  CERTIFY THAT THE PATIENT IS UNDER MY CARE AND HAS A MEDICAL DIAGNOSIS WITH ASSOCIATED PHYSICAL / MENTAL LIMITAL  CERTIFY THAT THE PATIENT IS UNDER MY CARE AND HAS A MEDICAL DIAGNOSIS WITH ASSOCIATED PHYSICAL / MENTAL LIMITAL	IF "Y", IDE	NTIFY SOURCES AND WHICH NEEDS CAN BE MET	· · · · · · · · · · · · · · · · · · ·
132 IF THE EVALUATION INDICATES THE PATIENT HAS MEDICALLY RELATED PERSONAL CARE NEEDS REQUIRING PCS, SHOW THE PLAN FOR PROVIDING CARE. LIST THE DAY(S) SERVICES ARE NEEDED, THE TASKS TO BE PERFORMED ON THOSE DAYS, AND TOTAL TIME NEEDED EACH DAY.  DAY OF WEEK  TASKS TO BE ACCOMPLISHED  TIM  DATH IN SHAWLY CHAIR, WASH HAIR, dress, assist to talk, transfer, meal  A. 9  DATH IN SHAWLY CHAIR, larges, assist to talk, transfer, meal  A. 9  DATH IN SHAWLY CHAIR, dress, assist to talk, transfer, meal  A. 9  DATH IN SHAWLY CHAIR, dress, assist to talk, transfer, meal  A. 9  DATH DATH IN SHAWLY CHAIR, dress, assist to talk, transfer, meal  A. 9  DATH DATH IN SHAWLY CHAIR, dress, assist to talk, transfer, meal  A. 9  DATH DATH IN SHAWLY CHAIR, dress, assist to talk transfer, meal  A. 9  DATH DATH IN SHAWLY CHAIR THE PATIENT HE CONDITION.  I FOUND THE PATIENT HE PATIENT HE CONDITION. I HAVE DEVELOR  THE PLAN OF CARE TO MEET THOSE NEEDS.  I FOUND THE PATIENT DOES NOT MEET THE CRITERIA FOR PERSONAL CARE SERVICES.  PHYSICIAN CERTIFICATION  I CERTIFY THAT I THE PATIENT IS UNDER MY CARE AND HAS A MEDICAL LORGOIS WITH ASSOCIATED PHYSICAL / MENTAL LIMITAL LIMIT	husban	a does snopping, children visit chap on sa, 160	
132 IF THE EVALUATION INDICATES THE PATIENT HAS MEDICALLY RELATED PERSONAL CARE NEEDS REQUIRING PCS, SHOW THE PLAN FOR PROVIDING CARE. LIST THE DAY(S) SERVICES ARE NEEDED, THE TASKS TO BE PERFORMED ON THOSE DAYS, AND TOTAL TIME NEEDED EACH DAY.  DAY OF WEEK  TASKS TO BE ACCOMPLISHED  TIM  DATH IN SHAWLY CHAIR, WASH HAIR, dress, assist to talk, transfer, meal  A. 9  DATH IN SHAWLY CHAIR, larges, assist to talk, transfer, meal  A. 9  DATH IN SHAWLY CHAIR, dress, assist to talk, transfer, meal  A. 9  DATH IN SHAWLY CHAIR, dress, assist to talk, transfer, meal  A. 9  DATH DATH IN SHAWLY CHAIR, dress, assist to talk, transfer, meal  A. 9  DATH DATH IN SHAWLY CHAIR, dress, assist to talk, transfer, meal  A. 9  DATH DATH IN SHAWLY CHAIR, dress, assist to talk transfer, meal  A. 9  DATH DATH IN SHAWLY CHAIR THE PATIENT HE CONDITION.  I FOUND THE PATIENT HE PATIENT HE CONDITION. I HAVE DEVELOR  THE PLAN OF CARE TO MEET THOSE NEEDS.  I FOUND THE PATIENT DOES NOT MEET THE CRITERIA FOR PERSONAL CARE SERVICES.  PHYSICIAN CERTIFICATION  I CERTIFY THAT I THE PATIENT IS UNDER MY CARE AND HAS A MEDICAL LORGOIS WITH ASSOCIATED PHYSICAL / MENTAL LIMITAL LIMIT		PLAN OF CARE	
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bed bath comb hair bransfer, prepar meal, assist to chess 3.0  each day: make bed, tay living areas  33. Goals: Need for pcs is expected to change (end (circle one) on	て	bath in shower, Slinen, dress, assist ¿ toi kt, transfer, meal	4.0
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33. GOALS: NEED FOR PCS IS EXPECTED TO CHANGE (END (CIRCLE ONE) ON	T W	bath in shower, Dinen, dress, assist i to let, transfer, meal bath in shower chair, laundry, dress, assist i to let, transfer, meal.  bath in shower chair, dress, assist i to let, transfer, meal, clean luther bed bath, comb hair, transfer, DreDax meal, assist to dress	4.0
33. GOALS: NEED FOR PCS IS EXPECTED TO CHANGE (END (CIRCLE ONE) ON	T W	bath in shower, Dinen, dress, assist i to let, transfer, meal bath in shower chair, laundry, dress, assist i to let, transfer, meal.  bath in shower chair, dress, assist i to let, transfer, meal, clean luther bed bath, comb hair, transfer, DreDax meal, assist to dress	4.0
33. GOALS: NEED FOR PCS IS EXPECTED TO CHANGE (END (CIRCLE ONE) ON	T W	bath in shower, Dinen, dress, assist i to let, transfer, meal bath in shower chair, laundry, dress, assist i to let, transfer, meal.  bath in shower chair, dress, assist i to let, transfer, meal, clean luther bed bath, comb hair, transfer, DreDax meal, assist to dress	4.0
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Dene Lea nurse, RN Fore Frahums 4 11-5-03  SIGNATURE  PHYSICIAN CERTIFICATION  I CERTIFY THAT THE PATIENT IS UNDER MY CARE AND HAS A MEDICAL DIAGNOSIS WITH ASSOCIATED PHYSICAL / MENTAL LIMITA	TH TH FY 33. GOALS: N STATE WI	bath in shower, Sinen, dress, assist à toilet, transfer, meal  bath in shower chair, laundry, dress, assist à toilet, transfer, meal.  bath in shower chair, dress, assist à toilet, transfer, meal, clean luther  bed bath, comb hair, transfer, prepar meal, assist to cliess  assist à toilet  each day: make hed, they living areas  recording to change (end (circle one) on	4.( 4.( 3.(
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NAME SIGNATURE DATE  PHYSICIAN CERTIFICATION I CERTIFY THAT THE PATIENT IS UNDER MY CARE AND HAS A MEDICAL DIAGNOSIS WITH ASSOCIATED PHYSICAL / MENTAL LIMITA	33. GOALS: N STATE WI	bath in shower, Sinen, dress, assist it to let, transfer, meal  bath in shower chair, laundry, dress, assist it let, transfer, meal.  bath in shower chair, dress, assist i to let, transfer, meal, clean luther  bed bath, comb hair, transfer, prepar meal, assist to class  assist i to let  each day: make hed, they living areas  need for pes is expected to change (end (circle one) on	4.( 4.( 3.(
PHYSICIAN CERTIFICATION  I CERTIFY THAT THE PATIENT IS UNDER MY CARE AND HAS A MEDICAL DIAGNOSIS WITH ASSOCIATED PHYSICAL / MENTAL LIMITA	33. GOALS: N STATE WI	bath in shower, Sinen, dress, assist & to let, transfer, meal  bath in shower chair, laundry, dress, assist & to let, transfer, meal.  bath in shower chair, dress, assist & to let, transfer, meal, clean luther  bed bath comb hair, transfer, prepar meal, assist to dress  assist & tolk &  each day: make hed, tray living areas  NEED FOR PCS IS EXPECTED TO CHANGE (END (CIRCLE ONE), ON	4.( 4.( 3.( 3.(
I CERTIFY THAT THE PATIENT IS UNDER MY CARE AND HAS A MEDICAL DIAGNOSIS WITH ASSOCIATED PHYSICAL / MENTAL LIMITA	33. GOALS: N STATE WI	bath in shower hair laundry, dress assist a to let, transfer, meal  bath in shower chair, laundry, dress, assist a to let, transfer, meal.  bath in shower chair, dress, assist a to let, transfer, meal, clean luther  bed bath, comb hair, transfer, prepar meal, assist to class  assist a to let  each day: make bed, thay living areas  NEED FOR PCS IS EXPECTED TO CHANGE (END (CIRCLE ONE) ON	4.( 4.( 3.( 3.(
WARHANTING THE PHOVISION OF THE PERSONAL CARE SERVICES IN THE ABOVE PLAN OF CARE.  11-15-03	33. GOALS: N STATE WI	bath in shower Minen, dress assist 2 to let, wansfer, meal  bath in shower chair, laundry, dress, assist 2 to let, transfer, meal.  bath in shower chair, dress, assist 2 to let, transfer, meal, clean luther  bed bath, comb hair, bransfer, prepar meal, assist to cliess  assist 2 to let  each day: make bed, thay living areas  NEED FOR PCS IS EXPECTED TO CHANGE (END (CIRCLE ONE), ON	4.( 4.( 3.( 3.(
:111XV 2011-15-03	33. GOALS: N STATE WI I CERTIEY THA I FOL THE I I CERTIFY TH	bath in shower, Since, dress assist 2 to let, transfer, meal.  bath in shower chair launding, dress, assist 2 to let, transfer, meal.  bath in shower chair, dress, assist 2 to let, transfer, meal, clean luther bed bath. Comb hair, transfer, prepar meal, assist to cless assist 2 to let.  each day: make bed, they living areas  NEED FOR PCS IS EXPECTED TO CHANGE (END (CIRCLE ONE), ON	4.0 4.0 3.0 EXPECT
	33. GOALS: N STATE WI I CERTIEY THA I FOL THE I I CERTIFY TH	bath in shower, Since, dress assist 2 to let, transfer, meal.  bath in shower chair launding, dress, assist 2 to let, transfer, meal.  bath in shower chair, dress, assist 2 to let, transfer, meal, clean luther bed bath. Comb hair, transfer, prepar meal, assist to cless assist 2 to let.  each day: make bed, they living areas  NEED FOR PCS IS EXPECTED TO CHANGE (END (CIRCLE ONE), ON	4.0 4.0 3.0 EXPECT